

**BUDGET WORKSHEET  
FOR  
THE IOWA PLAN FOR BEHAVIORAL HEALTH**

**BIDDER NAME: CENPATICO BEHAVIORAL HEALTH OF IOWA, LLC**

Services	1-1-10 through 6-30-11			7-1-11 through 6-30-12		
	Utilization Per 1000 Enrollees	Av. Cost Per Unit	PMPM Total Cost	Utilization Per 1000 Enrollees	Av. Cost Per Unit	PMPM Total Cost
<b>MENTAL HEALTH SERVICES</b>						
<b>Covered Mental Health Services</b>						
Ambulance	4.5	676.38	0.26	3.6	676.38	0.20
Emergency room	4.5	328.90	0.12	3.6	328.90	0.10
Outpatient hospital care	14.8	199.96	0.25	14.8	199.96	0.25
Partial hospitalization	8.0	507.01	0.34	8.0	507.01	0.34
Inpatient hospital care	152.3	434.89	5.52	143.1	434.89	5.19
Day treatment	4.5	644.69	0.24	4.5	644.69	0.24
Psychiatric physician services	154.0	76.00	0.98	154.0	76.00	0.98
Dual Diagnoses	11.0	52.00	0.05	11.0	52.00	0.05
Services by non-psychiatric physicians	1.1	76.00	0.01	1.1	76.00	0.01
Psychologist services	104.5	147.51	1.28	104.5	147.51	1.28
MHI services for those under 21 and 65 and older	2.2	1,350.00	0.25	2.2	1,350.00	0.25
Community mental health center services	1,420.1	28.41	3.36	1,391.7	28.41	3.29
Targeted Case Management	130.7	292.84	3.19	137.2	292.84	3.35
Medication management and counseling	129.8	120.00	1.30	129.8	120.00	1.30
Medication compliance management	71.4	60.00	0.36	71.4	60.00	0.36
Home health agency services	64.9	62.28	0.34	66.2	62.28	0.34
Screenings	29.5	20.00	0.05	27.7	20.00	0.05

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Mobile crisis services	4.5	166.09	0.06	5.5	166.09	0.08
Mobile counseling services	2.3	113.64	0.02	2.7	113.64	0.03
ACT	8.0	1,173.56	0.78	10.3	1,173.56	1.01
EPSDT-required	16.5	67.00	0.09	16.5	67.00	0.09
Second Opinion	1.1	76.00	0.01	1.1	76.00	0.01
<b>Required Mental Health Services</b>						
Case consultation	6.8	113.64	0.06	6.8	113.64	0.06
Licensed social worker services	249.7	91.79	1.91	237.2	91.79	1.81
Integrated MH services & supports	55.0	132.22	0.61	55.0	132.22	0.61
Psychiatric rehabilitation	82.5	104.90	0.72	80.9	104.90	0.71
Focused case management	71.9	292.84	1.75	71.9	292.84	1.75
Peer support	30.8	10.00	0.03	46.2	10.00	0.04
Community support	141.9	132.22	1.56	156.1	132.22	1.72
Level of functioning assessments	11.0	80.00	0.07	11.0	80.00	0.07
MHI services to adults	2.2	1,350.00	0.25	2.2	1,350.00	0.25
Others (specify) 23 hour observation	2.2	330.00	0.06	2.2	330.00	0.06
Others (specify) ECT	2.2	550.00	0.10	2.2	550.00	0.10
Others (specify) LPHA Services	33.0	20.00	0.06	33.0	20.00	0.06
Others (specify)			-	-	-	-

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<b>COVERED AND REQUIRED SUBSTANCE ABUSE SERVICES</b>						
Outpatient (Level I)	275.0	51.36	1.18	294.3	51.36	1.26
Intensive outpatient, Partial hospitalization (all Level II)	43.2	215.26	0.77	43.2	215.26	0.77
Residential, Halfway House (all Level III), Substance Abuse PMIC	44.0	706.00	2.59	43.1	706.00	2.54
Medically- managed inpatient (Level IV) and detoxification	8.0	330.00	0.22	7.8	330.00	0.21
Testing for alcohol/drug	24.2	35.00	0.07	24.2	35.00	0.07
Emergency Room	1.1	328.90	0.03	0.9	328.90	0.02
Ambulance	1.1	676.38	0.06	0.9	676.38	0.05
Others (specify)			-	-	-	-

**PROPOSAL FOR DISTRIBUTION OF THE  
MEDICAID CAPITATION PAYMENT  
FOR ADMINISTRATIVE SERVICES**

<b>Category</b>	<b>Restrictions, if Any Imposed by DHS</b>	<b>Bidder's Proposal</b>
Percentage of capitation payment required for administrative services including profit, if applicable (Medicaid Administrative Fund)	Shall not exceed 13.5% of the total capitation payment	13.5%

**PROPOSAL FOR THE DISTRIBUTION OF FUNDS  
FOR THE ADMINISTRATION OF  
SUBSTANCE ABUSE SERVICES PROVIDED THROUGH  
THE IOWA DEPARTMENT OF PUBLIC HEALTH**

<b>Category</b>	<b>Restrictions, if Any Imposed by DHS</b>	<b>Bidder's Proposal</b>
Percentage required for administrative services including profit, if applicable (IDPH Administrative Fund)	For the first and second contract years, shall not exceed 3.5% of available IDPH Iowa Plan funding. For the third and subsequent contract years, shall not exceed 3% of available IDPH Iowa Plan funding available, with an additional .5% available to the Contractor as an incentive with the incentive performance measures determined by IDPH.	3.5%